



QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2015
OF THE CONDITION AND AFFAIRS OF THE
McLAREN HEALTH PLAN, INC

NAIC Group Code	4700 (Current Period)	4700 (Prior Period)	NAIC Company Code	95562	Employer's ID Number	38-3252216
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	09/12/1997		Commenced Business	08/01/1998		
Statutory Home Office	G-3245 Beecher Rd. (Street and Number)		FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)			
Main Administrative Office			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Mail Address	G-3245 Beecher Rd. (Street and Number or P.O. Box)		FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Internet Web Site Address	www.mclarenhealthplan.org					
Statutory Statement Contact	CHERYL DIEHL (Name)		(810)733-9723 (Area Code)(Telephone Number)(Extension)			
	cheryl.diehl@mclaren.org (E-Mail Address)		(810)733-9652 (Fax Number)			

OFFICERS

Name	Title
KATHY KENDALL	President
KEVIN TOMPKINS	Chairman
DON KOOY	Secretary
DAVE MAZURKIEWICZ	Treasurer
CAROL SOLOMON	Assistant Treasurer
KATHY KUDRAY D.O.	Chief Medical Officer

OTHERS

DIRECTORS OR TRUSTEES

KATHY KENDALL	DON KOOY
RONALD SHAHEEN D.O.	KEVIN TOMPKINS
DENNIS LAFOREST	PATRICK HAYES
DAVE MAZURKIEWICZ	LAKISHA ATKINS

State of Michigan
County of Genesee ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
KATHY KENDALL	DAVE MAZURKIEWICZ	CAROL SOLOMON
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Treasurer	Assistant Treasurer
(Title)	(Title)	(Title)
Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[]
day of , 2015	b. If no,	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds				313,003
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks	27,382,900		27,382,900	27,451,873
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances)	2,156,228		2,156,228	2,282,474
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....(11,217,204)), cash equivalents (\$.....21,377,259) and short-term investments (\$.....160,256,474)	170,416,529		170,416,529	129,765,997
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets	1,260,259	739,407	520,852	444,687
12.	Subtotals, cash and invested assets (Lines 1 to 11)	201,215,916	739,407	200,476,509	160,258,036
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	3,830		3,830	6,520
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	3,102,000	742,923	2,359,076	1,792,245
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3	Accrued retrospective premiums				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers	579,316		579,316	1,887,070
16.2	Funds held by or deposited with reinsured companies				
16.3	Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	3,998,132	3,758,398	239,734	324,795
21.	Furniture and equipment, including health care delivery assets (\$.....0)	268,563	268,563	0	
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	1,436,500	11,879	1,424,621	1,606,315
24.	Health care (\$.....5,080,163) and other amounts receivable	5,081,644		5,081,644	4,332,980
25.	Aggregate write-ins for other than invested assets				
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	215,685,901	5,521,170	210,164,731	170,207,960
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	215,685,901	5,521,170	210,164,731	170,207,960
DETAILS OF WRITE-INS					
1101.	INVENTORY	17,558	17,558		
1102.	DEFERRED CHARGES EQUIP FEES	33,199	33,199		
1103.	PREPAID EXPENSES	585,419	585,419		
1198.	Summary of remaining write-ins for Line 11 from overflow page	624,083	103,231	520,852	444,687
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)	1,260,259	739,407	520,852	444,687
2501.	.....			
2502.	.....			
2503.	.....			
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	103,775,410		103,775,410	92,480,661
2.	Accrued medical incentive pool and bonus amounts	2,215,704		2,215,704	2,742,716
3.	Unpaid claims adjustment expenses	1,855,305		1,855,305	1,855,305
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves	491,291		491,291	791,291
8.	Premiums received in advance	12,168,005		12,168,005	2,959,411
9.	General expenses due or accrued	21,710,282		21,710,282	13,020,970
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable	182,018		182,018	182,018
12.	Amounts withheld or retained for the account of others	188,204		188,204	257,915
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	2,519,076		2,519,076	2,510,716
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$.....0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$.....0 current)				1,494,664
24.	Total liabilities (Lines 1 to 23)	145,105,294		145,105,294	118,295,667
25.	Aggregate write-ins for special surplus funds	X X X	X X X		
26.	Common capital stock	X X X	X X X		
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	1,140,000	1,140,000
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	63,919,436	50,772,293
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	65,059,436	51,912,293
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	210,164,730	170,207,960
DETAILS OF WRITE-INS					
2301.	RISK ADJUSTMENT PAYABLE				1,494,664
2302.	.....			
2303.	.....			
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				1,494,664
2501.	.....	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	X X X	1,782,979	1,602,510	2,178,364
2.	Net premium income (including \$.....0 non-health premium income)	X X X	661,128,120	512,801,620	724,578,630
3.	Change in unearned premium reserves and reserves for rate credits	X X X			
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X			
5.	Risk revenue	X X X			
6.	Aggregate write-ins for other health care related revenues	X X X	(1,348,656)	(1,520,009)	(1,953,222)
7.	Aggregate write-ins for other non-health revenues	X X X			
8.	Total revenues (Lines 2 to 7)	X X X	659,779,465	511,281,611	722,625,408
Hospital and Medical:					
9.	Hospital/medical benefits		452,754,756	365,710,381	511,970,188
10.	Other professional services		12,890,751	4,996,809	8,200,623
11.	Outside referrals				
12.	Emergency room and out-of-area		25,999,353	18,516,248	29,928,846
13.	Prescription drugs		90,112,388	69,342,776	97,396,087
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts		807,735	1,156,795	2,641,631
16.	Subtotal (Lines 9 to 15)		582,564,983	459,723,009	650,137,376
Less:					
17.	Net reinsurance recoveries		1,367,491	2,273,173	5,910,366
18.	Total hospital and medical (Lines 16 minus 17)		581,197,492	457,449,836	644,227,011
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....1,107,400 cost containment expenses		5,828,422	4,404,915	6,029,099
21.	General administrative expenses		59,381,344	40,020,181	58,844,327
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)		(300,000)		727,365
23.	Total underwriting deductions (Lines 18 through 22)		646,107,257	501,874,932	709,827,801
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	13,672,208	9,406,679	12,797,606
25.	Net investment income earned		(529,479)	(427,311)	(563,418)
26.	Net realized capital gains (losses) less capital gains tax of \$.....0		8	(13,014)	(2,928)
27.	Net investment gains or (losses) (Lines 25 plus 26)		(529,471)	(440,325)	(566,346)
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	13,142,737	8,966,354	12,231,260
31.	Federal and foreign income taxes incurred	X X X			
32.	Net income (loss) (Lines 30 minus 31)	X X X	13,142,737	8,966,354	12,231,260
DETAILS OF WRITE-INS					
0601.	MPCA	X X X	(1,348,656)	(1,520,045)	(1,953,222)
0602.	.....	X X X			
0603.	.....	X X X			
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X		36	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	(1,348,656)	(1,520,009)	(1,953,222)
0701.	.....	X X X			
0702.	.....	X X X			
0703.	.....	X X X			
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.	.....			
1402.	.....			
1403.	.....			
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.	LOSS ON SALE OF EQUIPMENT				
2902.	.....			
2903.	.....			
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	51,912,293	44,150,635	44,150,635
34.	Net income or (loss) from Line 32	13,142,737	8,966,354	12,231,260
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	(287,854)	188,476	572,299
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	292,281	(2,827,271)	(4,792,634)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
44.1	Paid in			
44.2	Transferred from surplus (Stock Dividend)			
44.3	Transferred to surplus			
45.	Surplus adjustments:			
45.1	Paid in			
45.2	Transferred to capital (Stock Dividend)			
45.3	Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			(249,268)
48.	Net change in capital and surplus (Lines 34 to 47)	13,147,164	6,327,559	7,761,657
49.	Capital and surplus end of reporting period (Line 33 plus 48)	65,059,457	50,478,194	51,912,293
DETAILS OF WRITE-INS				
4701.	PENSION RELATED COSTS OTHER THAN NET PERIODIC PENSION COSTS			(249,268)
4702.	.....		
4703.	.....		
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			(249,268)

STATEMENT AS OF **September 30, 2015** OF THE **McLAREN HEALTH PLAN, INC**

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	669,587,871	515,662,699	725,423,017
2.	Net investment income	(526,664)	(422,251)	(549,809)
3.	Miscellaneous income	(1,334,403)	(1,530,293)	(1,963,054)
4.	TOTAL (Lines 1 to 3)	667,726,804	513,710,155	722,910,154
5.	Benefit and loss related payments	569,884,848	436,453,844	626,353,195
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	56,520,454	38,604,979	59,121,265
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			
10.	TOTAL (Lines 5 through 9)	626,405,302	475,058,823	685,474,460
11.	Net cash from operations (Line 4 minus Line 10)	41,321,502	38,651,332	37,435,695
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	313,857		
12.2	Stocks		15,645,914	17,119,041
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		8,106,521	216,132
12.7	Miscellaneous proceeds	788,240		0
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	1,102,097	23,752,435	17,335,173
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	219,727	329,348	329,348
13.2	Stocks		8,256,704	9,822,522
13.3	Mortgage loans			
13.4	Real estate	28,791	45,555	61,438
13.5	Other invested assets			
13.6	Miscellaneous applications		9,248,546	0
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	248,518	17,880,153	10,213,308
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	853,579	5,872,282	7,121,865
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock			
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	(1,524,549)	(908,043)	(21,046)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(1,524,549)	(908,043)	(21,046)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	40,650,532	43,615,571	44,536,513
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	129,765,997	85,229,484	85,229,484
19.2	End of period (Line 18 plus Line 19.1)	170,416,529	128,845,055	129,765,997

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
---------	--	--	--	--

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	191,713	8,623	27,347					407	155,336	
2. First Quarter	199,784	9,714	24,047					106	165,917	
3. Second Quarter	198,769	8,792	20,938					119	168,920	
4. Third Quarter	198,397	7,646	21,543					130	169,078	
5. Current Year										
6. Current Year Member Months	1,782,979	80,415	206,808					1,029	1,494,727	
Total Member Ambulatory Encounters for Period:										
7. Physician	1,146,085	46,892	120,596					673	977,924	
8. Non-Physician	233,719	8,022	20,631					141	204,925	
9. Total	1,379,804	54,914	141,227					814	1,182,849	
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (a)	824,000,275	180,140,006	63,556,774					1,227,400	579,076,095	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	824,000,275	180,140,006	63,556,774					1,227,400	579,076,095	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	569,602,763	24,874,557	51,151,257					1,377,929	492,199,020	
18. Amount Incurred for Provision of Health Care Services	580,897,512	16,025,345	57,165,721					1,006,024	506,700,422	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.0.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
Advocate Lutheran General Hospital	73,493					73,493
Alpena Dialysis	13,510					13,510
Battle Creek Dialysis	25,089					25,089
Bloomfield Hills Home Dialysis	18,381				16,602	34,982
Borgess Medical Center	11,167					11,167
Bronson Methodist Hospital - Kalama	54,860				204,582	259,442
Burton Dialysis	27,589					27,589
Clinton Township Dialysis	22,328					22,328
Commerce Township Dialysis	12,545				10,721	23,266
Covenant Medical Center - Hospital	117,494	177	172	20,370		138,213
DMC Huron Valley - Sinai Hospital	44,723	559				45,282
E W Sparrow Hospital - OBGYN		36,288				36,288
Flint Dialysis Center	47,748					47,748
Flushing Dialysis Center	12,545					12,545
Fresenius Med Care Lansing Central	27,242					27,242
Hallwood Dialysis Center	35,704					35,704
Hurley Medical Center	223,260	6,080	2,275		84,740	316,355
Ionia Dialysis	18,381					18,381
Josip Petani MD					11,861	11,861
Mackinaw Surgery Center	21,470					21,470
McLaren Flint Hospital	49,798					49,798
McLaren Port Huron	48,507	1,996		2,644	99	53,246
Mt Morris Dialysis	37,634					37,634
Mt Pleasant Dialysis	12,545				12,508	25,053
Munson Medical Center	50,730					50,730
PDI Grand Rapids	22,301					22,301
RCG East Lansing	31,221		8,122		23,364	62,707
RCG Lansing	47,377					47,377
Rogers City Dialysis	13,510					13,510
Sparrow Hospital	108,469				37,407	145,875
Spectrum Health Hospitals Blodgett/	26,800				27,348	54,148
St John Hospital and Medical Center					11,530	11,530
St John Macomb Oakland Hosp - Warre	10,257					10,257
.....						
0199999 Individually Listed Claims Unpaid	1,266,678	45,100	10,569	23,014	440,762	1,786,123
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	45,047,033	719,092	428,484	135,133	598,479	46,928,220
0499999 Subtotals	46,313,711	764,192	439,053	158,146	1,039,241	48,714,343
0599999 Unreported claims and other claim reserves						55,061,067
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						103,775,410
0899999 Accrued Medical Incentive Pool And Bonus Amounts						2,215,704

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical)	15,604,632	61,661,378	375,863	13,149,323	15,980,496	17,151,224
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare	572,701	752,869	53,725	584,333	626,425	1,009,964
7.	Title XIX - Medicaid	60,424,800	430,726,949	1,856,807	87,755,359	62,281,608	75,110,764
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	76,602,133	493,141,197	2,286,395	101,489,015	78,888,528	93,271,952
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pools and bonus amounts	1,335,133		1,678,205	537,499	3,013,338	2,742,716
13.	Totals (Lines 9 - 10 + 11 + 12)	77,937,266	493,141,197	3,964,601	102,026,514	81,901,867	96,014,668

(a) Excludes \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Summary of Significant Accounting Policies
No Change
2. Accounting Changes and Corrections of Errors
No Change
3. Business Combinations and Goodwill
No Change
4. Discontinued Operations
No Change
5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans: N/A

B. Debt Restructuring: N/A

C. Reverse Mortgages: N/A

D. Loan-Backed Securities: N/A

E. Repurchase Agreements and/or Securities Lending Transactions: N/A

F. Real Estate: N/A

G. For Investments in Low-Income Housing Tax Credits (LIHTC): N/A

H. Restricted Assets:

		1	2	3	4	5	6
		Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percent Gross Restricted to Total Assets	Percentage Admitted Restricted To Total Admitted Assets
Restricted Asset Category							
a.	Subject to contractual obligation for which liability is not shown					%	%
b.	Collateral held under security lending agreements					%	%
c.	Subject to repurchase agreements					%	%
d.	Subject to reverse repurchase agreements					%	%
e.	Subject to dollar repurchase agreements					%	%
f.	Subject to dollar reverse repurchase agreements					%	%
g.	Placed under option contracts					%	%
h.	Letter stock or securities restricted as to sale--excluding FHLB capital stock					%	%
i.	FHLB capital stock					%	%
j.	On deposit with states					%	%
k.	On deposit with other regulatory bodies	1,217,537	1,217,440	97	1,217,537	.565%	.579%
l.	Pledged as collateral to FHLB (including assets backing funding agreements)					%	%
m.	Pledged as collateral not captured in other categories					%	%
n.	Other restricted assets					%	%
o.	Total Restricted Assets					%	%

- I. Working Capital Finance Investments: N/A
- J. Offsetting and Netting of Assets and Liabilities: N/A
- K. Structured Notes: N/A

6. Joint Ventures, Partnerships and Limited Liability Companies
No Change
7. Investment Income
No Change
8. Derivative Investments
No Change
9. Income Taxes
No Change
10. Information Concerning Parent, Subsidiaries and Affiliates

A. No Change

B. No Change

C. No Change

Notes to Financial Statement

D. Due from Affiliates: \$1,424,621 amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.

Due to Affiliates: \$2,519,076 amounts due to affiliate per contract for various administrative support, including personnel and information system operations support. The amounts are settled monthly.

E. Guarantees or undertakings: No Change

F. Management Agreements between:

(1) **McLaren Health Plan and McLaren Health Care Corporation (MHCC):** There are 3 agreements between McLaren Health Plan and McLaren Health Care Corporation:

The Management agreement states McLaren Health Care Corporation agrees to provide certain operational services and other resources to McLaren Health Plan. Amount for January-Sept 2015 = \$4,439,752

The Service Agreement states MHCC agrees to provide a Leased Employee to perform certain operational, personnel services, and other resources to MHP.

The Management Agreement states McLaren Health Plan agrees to provide certain operational services and other resources to McLaren Health Care Corporation.

Amount for January-Sept 2015 = \$997,500

(2) **McLaren Health Plan and McLaren Regional Medical Center (MRMC):**

MRMC agrees to provide certain accounting / resource services to McLaren Health Plan. Amount for January-Sept 2015 = \$113,009

(3) **McLaren Health Plan and Anthelio HealthCare Solutions:**

Anthelio HealthCare Solutions agrees to provide certain information technology and telephony services to McLaren Health Plan. Amount for January-Sept 2015 = \$317,623

(4) **McLaren Health Plan and Health Advantage (HA):**

McLaren Health Plan agrees to provide certain operational, personnel services and other resources to HA. Amount for January – Sept 2015 = \$8,063,133

(5) **McLaren Health Plan and McLaren Medical Group:**

McLaren Medical Group agrees to provide the services of the Physician to serve as the Chief Medical Officer for McLaren Health Plan.

G. No Change

H. No Change

I. No Change

J. No Change

K. No Change

L. No Change

11. Debt
No Change

12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans
No Change

13. Capital and Surplus, Shareholders Dividend Restrictions and Quasi-Reorganizations
No Change

Notes to Financial Statement

- 14. Contingencies
No Change
- 15. Leases
No Change
- 16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
No Change
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
No Change
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
 - A. ASO plans – N/A
 - B. ASC plans – N/A
 - C. Medicare or similarly structured cost based reimbursed contracts
 - 1.
 - a. No Change.
 - b. No Change.
 - c. No Change
 - d. No Change.
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
No Change
- 20. Fair Value Measurement
 - A. Fair Value Measurements: N/A
 - B. Other Fair Value Information: N/A
 - C. Fair Value of Financial Instruments: N/A
 - D. Not Practicable to Estimate Fair Value: N/A
- 21. Other Items:
 - A. No change

 - B. No Change

 - C. Short-term investments in the amount of \$1,217,537 as of 09/30/15 are on deposit with the State of Michigan Treasury in a safekeeping account as required by regulation.
- 22. Events Subsequent
No Change
- 23. Reinsurance
No Change

Notes to Financial Statement

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

1. Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions – Yes

2.

IMPACT OF RISK-SHARING PROVISIONS OF THE ACA			
			AMOUNT
Permanent ACA Risk Adjustment Program			
	Assets		
		Premium adjustments receivable due to ACA Risk Adjustment	\$ 152,883.97
	Liabilities		
		Risk adjustment user fees payable for ACA Risk Adjustment	
		Premium adjustments payable due to ACA Risk Adjustment	\$ -
	Operations (Revenue & Expense)		
		Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ -
		Reported in expenses as ACA risk adjustment user fees (incurred/paid)	
Transitional ACA Reinsurance Program			
	Assets		
		Amounts recoverable for claims paid due to ACA Reinsurance	\$ -
		Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ -
		Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -
	Liabilities		
		Liabilities for contribution payable due to ACA Reinsurance - not reported as ceded premium	\$ -
		Ceded reinsurance premiums payable due to ACA Reinsurance	\$ 182,017.50
		Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -
	Operations (Revenue & Expense)		
		Ceded reinsurance premiums due to ACA Reinsurance	\$ 182,017.50
		Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ -
		ACA Reinsurance contributions - not reported as ceded premium	
Temporary ACA Risk Corridors Program			
	Assets		
		Accrued retrospective premium due to ACA Risk Corridors	\$ 85,507.00
	Liabilities		
		Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ -
	Operations (Revenue & Expense)		
		Effect of ACA Risk Corridors on net premium income (paid/received)	\$ 85,507.00
		Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -

Notes to Financial Statement

3.

ROLL-FORWARD OF PRIOR YEAR ACA RISK-SHARING PROVISIONS												
		Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
						Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 - 3 +7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)
						1	2	3	4	5	6	7	8	9	10
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
Permanent ACA Risk Adjustment Program												
	Premium adjustments receivable									A		
	Premium adjustments (payable)									B		
	Subtotal ACA Permanent Risk Adjustment Program											
Transitional ACA Reinsurance Program												
	Amounts recoverable for claims paid									C		
	Amounts recoverable for claims unpaid (contra liability)									D		
	Amounts receivable relating to uninsured plans									E		
	Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium									F		
	Ceded reinsurance premiums payable									G		
	Liability for amounts held under uninsured plans									H		
	Subtotal ACA Transitional Reinsurance Program											
Temporary ACA Risk Corridors Program												
	Accrued retrospective premium									I		
	Reserve for rate credit or policy experience rating refunds									J		
	Subtotal ACA Risk Corridors Program											
Total for ACA Risk Sharing Provisions												
Explanations of Adjustments												
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												

25. Change in Incurred Claims and Claim Adjustment Expenses
No Change
26. Intercompany Pooling Arrangements
No Change
27. Structured Settlements
No Change
28. Health Care Receivables
A.

Notes to Financial Statement

*Section ID	Quarter	Estimated pharmacy rebates reported	Pharmacy rebates as billed	Actual rebates received <= 90 days	Actual rebates received 91 - 180 days	Actual rebates received > 180 days	Total Received
01	12/31/14			631,364		-	631,364
01	09/30/14			426,369		-	426,369
01	06/30/14			236,954		-	236,954
01	03/31/14			213,026		-	213,026
01	12/31/13			16	175,096	154,562	329,673
01	09/30/13	-	-	(101)	468	312,000	312,368
01	06/30/13	-	-	855	74,943	224,264	300,063
01	03/31/13	-	-	21	220,754	56,639	277,414
01	12/31/12	-	8,425	-	55,711	180,257	235,968
01	09/30/12	42,732	154,893	-	55,613	179,601	235,214
01	06/30/12	128,332	189,075	48,477	1,460	186,734	236,671
01	03/31/12	62,960	209,367	86,319	87,026	47,766	221,111
01	12/31/11	60,274	251,590	141,132	71,128	48,432	260,692
01	09/30/11	97,862	256,932	135,665	120	129,417	265,202
01	06/30/11	84,424	237,911	108,307	102,649	28,255	239,211
01	03/31/11	43,801	226,171	112,403	-	110,096	222,499
01	12/31/10	56,775	230,629	90,940	33,646	106,037	230,623
01	09/30/10	-	253,100	68,852	41,677	143,914	254,443
01	06/30/10	78,319	269,341	72,513	132,182	64,646	269,341
01	03/31/10			-	-	343	343

B. Risk Sharing Receivables - No Change

29. Participating Policies
No Change

30. Premium Deficiency Reserves
No Change

31. Anticipated Salvage and Subrogation
No Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes[X] No[]
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes[] No[] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2012
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2012
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

06/24/2014
- 6.4 By what department or departments?

Michigan Department of Insurance and Financial Services
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[] No[] N/A[X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
		Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

Yes[X] No[]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[X] No[]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

On August 18th 2015, the Board of Directors approved a revised Standard of Conduct document for all MHP staff
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$..... 1,424,621

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[X] No[]
- 11.2 If yes, give full and complete information relating thereto:

Short Term Investments includes an amount (\$1,217,537) held in a safekeeping trust account with the State of Michigan as required by the Department of Insurance & Financial Services (DIFS)
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$..... 0

GENERAL INTERROGATORIES (Continued)

INVESTMENT

13. Amount of real estate and mortgages held in short-term investments:
- \$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?
- Yes[X] No[]
- 14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds		
14.22 Preferred Stock		
14.23 Common Stock	5,804,255	5,849,422
14.24 Short-Term Investments		
14.25 Mortgages Loans on Real Estate		
14.26 All Other		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	5,804,255	5,849,422
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above		

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?
- Yes[] No[X]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
- Yes[] No[] N/A[X]
- If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
- 16.3 Total payable for securities lending reported on the liability page
- \$ 0
- \$ 0
- \$ 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?
- Yes[X] No[]
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
JPMORGAN CHASE BANK, NA	1111 POLARIS PARKWAY, COLUMBUS OH 43240
FIFTH THIRD BANK	111 LYON ST SW, GRAND RAPIDS MI 49503

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?
- Yes[] No[X]
- 17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

- 17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?
- Yes[X] No[]
- 18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	88.250%
1.2 A&H cost containment percent	0.170%
1.3 A&H expense percent excluding cost containment expenses	9.720%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
Accident and Health - Affiliates								
11835	04-1590940 .....	..... 01/01/2015	PARTNERRE AMER INS CO	DE .....	..... SSL/L/I	Authorized .....	.....	.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

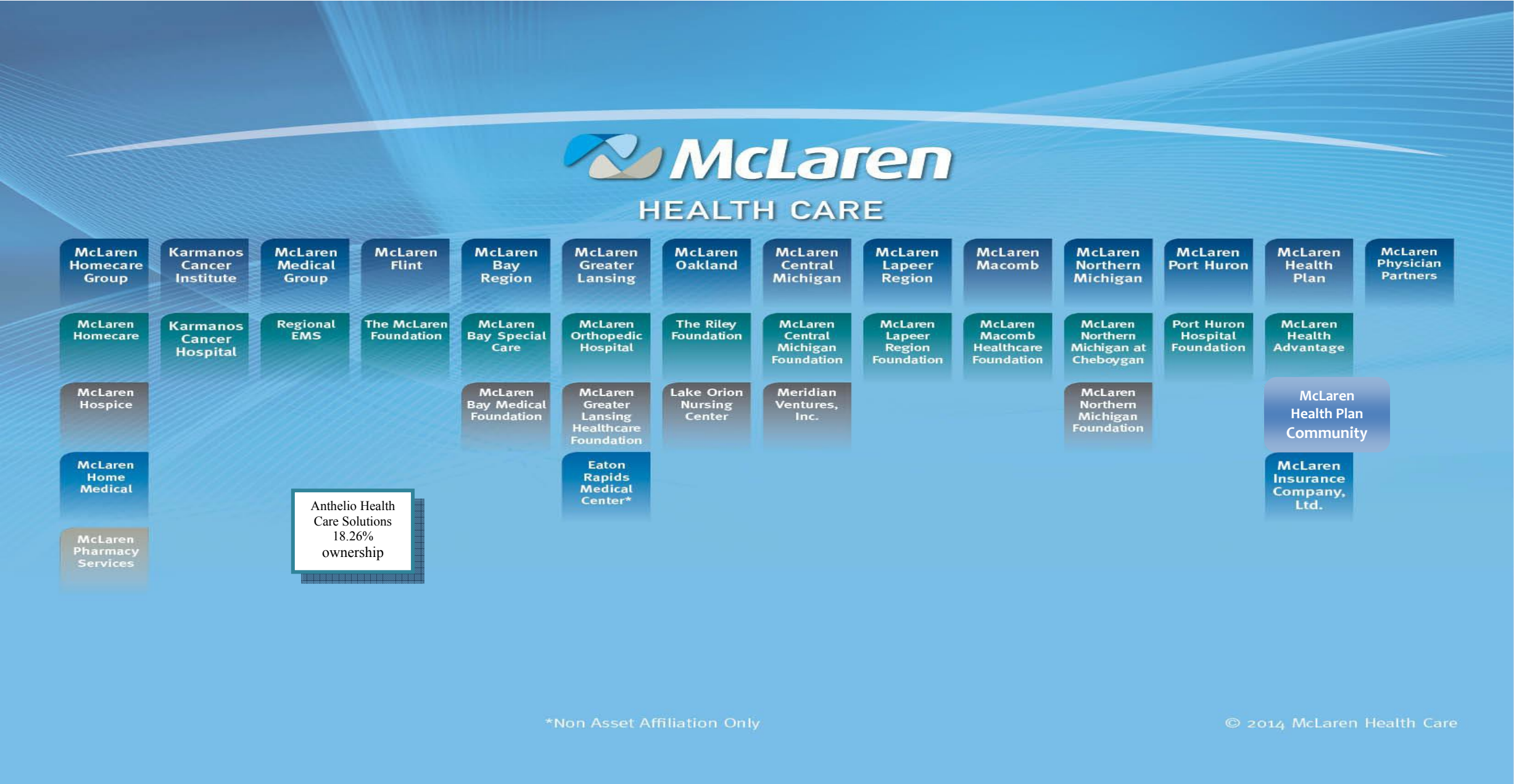
		1	Direct Business Only						
			2	3	4	5	6	7	8
State, Etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7
1.	Alabama (AL)	N							
2.	Alaska (AK)	N							
3.	Arizona (AZ)	N							
4.	Arkansas (AR)	N							
5.	California (CA)	N							
6.	Colorado (CO)	N							
7.	Connecticut (CT)	N							
8.	Delaware (DE)	N							
9.	District of Columbia (DC)	N							
10.	Florida (FL)	N							
11.	Georgia (GA)	N							
12.	Hawaii (HI)	N							
13.	Idaho (ID)	N							
14.	Illinois (IL)	N							
15.	Indiana (IN)	N							
16.	Iowa (IA)	N							
17.	Kansas (KS)	N							
18.	Kentucky (KY)	N							
19.	Louisiana (LA)	N							
20.	Maine (ME)	N							
21.	Maryland (MD)	N							
22.	Massachusetts (MA)	N							
23.	Michigan (MI)	L	81,696,924	1,227,400	579,076,095				662,000,419
24.	Minnesota (MN)	N							
25.	Mississippi (MS)	N							
26.	Missouri (MO)	N							
27.	Montana (MT)	N							
28.	Nebraska (NE)	N							
29.	Nevada (NV)	N							
30.	New Hampshire (NH)	N							
31.	New Jersey (NJ)	N							
32.	New Mexico (NM)	N							
33.	New York (NY)	N							
34.	North Carolina (NC)	N							
35.	North Dakota (ND)	N							
36.	Ohio (OH)	N							
37.	Oklahoma (OK)	N							
38.	Oregon (OR)	N							
39.	Pennsylvania (PA)	N							
40.	Rhode Island (RI)	N							
41.	South Carolina (SC)	N							
42.	South Dakota (SD)	N							
43.	Tennessee (TN)	N							
44.	Texas (TX)	N							
45.	Utah (UT)	N							
46.	Vermont (VT)	N							
47.	Virginia (VA)	N							
48.	Washington (WA)	N							
49.	West Virginia (WV)	N							
50.	Wisconsin (WI)	N							
51.	Wyoming (WY)	N							
52.	American Samoa (AS)	N							
53.	Guam (GU)	N							
54.	Puerto Rico (PR)	N							
55.	U.S. Virgin Islands (VI)	N							
56.	Northern Mariana Islands (MP)	N							
57.	Canada (CAN)	N							
58.	Aggregate other alien (OT)	X X X							
59.	Subtotal	X X X	81,696,924	1,227,400	579,076,095				662,000,419
60.	Reporting entity contributions for Employee Benefit Plans	X X X							
61.	Total (Direct Business)	(a) 1	81,696,924	1,227,400	579,076,095				662,000,419
DETAILS OF WRITE-INS									
58001.	.....	X X X							
58002.	.....	X X X							
58003.	.....	X X X							
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X							
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X							

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

Q15



*Non Asset Affiliation Only

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

916

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
		00000	38-2397643				McLaren HealthCare Corp	US	UDP					
		00000	38-3491714				McLaren HomeCare Group	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3491714				McLaren Visiting Nurse and Hospice	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3491714				McLaren Home Medical	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3491714				McLaren Pharmacy Services	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2988086				McLaren Medical Group	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3255499				Regional EMS	US	NIA	McLaren Medical Group	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2383119				McLaren Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1358053				The McLaren Foundation	US	NIA	McLaren Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1976271				Bay Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3161753				Bay Special Care Hospital	US	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2156534				Bay Medical Foundation	US	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1434090				Ingham Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1434090				Ingham Regional Orthopedic Hospital	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2463637				Ingham Foundation	US	NIA	Ingham Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1559180				Eaton Repids Medical Center	US	NIA	Ingham Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1428164				POH Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	20-0442217				The Riley Foundation	US	NIA	POH Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2895426				Lake Orion Nursing Center	US	NIA	POH Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1420304				Central Michigan Community Hosital	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1420304				Central Michigan Community Hospital Foundation	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3226022				Meridian Ventures, Inc.	US	NIA	Central Michigan Community Hospital	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2689033				Lapeer Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2689603				Lapeer Regional Medical Center Foundation	US	NIA	Lapeer Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1218516				Mount Clemens Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2578873				Mount Clemens Regional HealthCare Foundation	US	NIA	Mount Clemens Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

RESPONSE
No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1104. OTHER INVESTMENT DEFERRED COMPENSATION	136,351		136,351	229,841
1105. SELF INS TRUST FUND CTF	146,110		146,110	129,339
1106. RISK CORRIDOR RECEIVABLE	85,507		85,507	85,507
1107. PREPAID DENTAL EXPENSES	65,755	65,755		
1108. PREPAID RENT EXPENSES	37,476	37,476		
1109. ACCOUNTS RECEIVABLE - RISK ADJUSTMENT	152,884		152,884	
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	624,083	103,231	520,852	444,687
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)				

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
0604. OTHER HEALTH CARE RELATED REVENUE	X X X		36	
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X		36	
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796)	X X X			
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496)				
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)				

STATEMENT AS OF **September 30, 2015** OF THE **McLAREN HEALTH PLAN, INC**
SCHEDULE A - VERIFICATION

Real Estate		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	2,282,474	2,437,981
2. Cost of acquired		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition	28,791	61,438
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation	155,038	216,945
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	2,156,228	2,282,474
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	2,156,228	2,282,474

SCHEDULE B - VERIFICATION

Mortgage Loans		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest poin		
9. Total foreign exchange change in book value/recorded inve		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	27,764,876	34,162,828
2. Cost of bonds and stocks acquired	219,727	10,151,870
3. Accrual of discount		
4. Unrealized valuation increase (decrease)	(287,711)	573,477
5. Total gain (loss) on disposals	8	(365)
6. Deduct consideration for bonds and stocks disposed of	313,857	17,119,041
7. Deduct amortization of premium	143	3,893
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	27,382,900	27,764,876
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	27,382,900	27,764,876

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	136,141,010	24,115,464			131,748,353	136,141,010	160,256,474	129,410,242
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	136,141,010	24,115,464			131,748,353	136,141,010	160,256,474	129,410,242
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	136,141,010	24,115,464			131,748,353	136,141,010	160,256,474	129,410,242

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	160,256,474	X X X	160,256,474		

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	129,097,239	81,532,896
2.	Cost of short-term investments acquired	31,159,235	47,564,343
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	160,256,474	129,097,239
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	160,256,474	129,097,239

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SCHEDULE E - Verification
(Cash Equivalents)

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	21,383,661	21,385,883
2.	Cost of cash equivalents acquired		
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	6,402	2,222
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	21,377,259	21,383,661
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	21,377,259	21,383,661

SCHEDULE A - PART 2
Showing all Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 Description of Property	Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	2 City	3 State						
Acquired by Purchase								
3245 Beecher Rd, Flint MI - building improvements	Flint	MI	09/30/2015 ..	Curbcos				14,766
0199999 Subtotal - Acquired by Purchase								14,766
0399999 Totals								14,766

SCHEDULE A - PART 3
Showing All Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

1 Description of Property	Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Expended for Additions, Permanent Improvements and Changes in Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	Change in Book/Adjusted Carrying Value Less Encumbrances					14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest Incurred on Encumbrances	20 Taxes, Repairs and Expenses Incurred
	2 City	3 State						9 Current Year's Depreciation	10 Current Year's Other Than Temporary Impairment Recognized	11 Current Year's Change in Encumbrances	12 Total Change in B/A C.V. (11 - 9 - 10)	13 Total Foreign Exchange Change in B/A C.V.							
								N O N E											
0399999 Totals																			

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
Common Stocks - Industrial and Miscellaneous (Unaffiliated)									
922908843	Vanguard Midcap Index		09/23/2015	JPMorgan	144.791	4,709	X X X		K
922908702	Vanguard Small Cap Index		09/25/2015	JPMorgan	76.520	4,058	X X X		K
922908108	Vanguard S&P 500 Index		09/21/2015	JPMorgan	64.752	11,692	X X X		K
922042304	Vanguard Emerging Markets		09/25/2015	JPMorgan	271.241	5,658	X X X		K
921937678	Vanguard Tax Managed Fund		09/25/2015	JPMorgan	204.380	2,316	X X X		K
9099999 Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)					X X X	28,432	X X X		X X X
Common Stocks - Mutual Funds									
4812C0167	JP Morgan Short Duration Bond Fund		07/30/2015	JPMorgan	1,739.549	18,926	X X X		L
4812C0167	JP Morgan Short Duration Bond Fund		08/28/2015	JPMorgan	1,596.305	17,368	X X X		L
4812C0167	JP Morgan Short Duration Bond Fund		09/29/2015	JPMorgan	1,743.141	18,965	X X X		L
9299999 Subtotal - Common Stocks - Mutual Funds					X X X	55,259	X X X		X X X
9799997 Subtotal - Common Stocks - Part 3					X X X	83,692	X X X		X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
9799999 Subtotal - Common Stocks					X X X	83,692	X X X		X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	83,692	X X X		X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	83,692	X X X		X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

SCHEDULE D - PART 4
Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of
During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly) .....					... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ..	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X .	... X X X .
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly) .....					... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ..	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X .	... X X X .
Common Stocks - Mutual Funds																					
4812C0167 ..	JPMorgan Mutual Sht Duration Bd Fd ...	...	.....	JPMorgan .....	... 39.431	... 429	... X X X ...	... 429	.....	.....	.....	.....	.....	.....	... 429	.....	... 1	... 1	.....	.. X X X .	L
4812C0167 ..	JPMorgan Mutual Sht Duration Bd Fd ...	...	.....	JPMorgan .....	... 39.510	... 429	... X X X ...	... 429	.....	.....	.....	.....	.....	.....	... 429	.....	... 0	... 0	.....	.. X X X .	L
4812C0167 ..	JPMorgan MUtual Sht Duration Bd Fd ...	...	.....	JPMorgan .....	... 39.512	... 430	... X X X ...	... 429	.....	.....	.....	.....	.....	.....	... 429	.....	... 0	... 0	.....	.. X X X .	L
9299999 Subtotal - Common Stocks - Mutual Funds .....					... X X X ...	... 1,288	... X X X ...	... 1,287	.....	.....	.....	.....	.....	.....	... 1,287	.....	... 1	... 1	.....	.. X X X .	.. X X X .
9799997 Subtotal - Common Stocks - Part 4 .....					... X X X ...	... 1,288	... X X X ...	... 1,287	.....	.....	.....	.....	.....	.....	... 1,287	.....	... 1	... 1	.....	.. X X X .	.. X X X .
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly) .....					... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ..	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.. X X X .	.. X X X .
9799999 Subtotal - Common Stocks .....					... X X X ...	... 1,288	... X X X ...	... 1,287	.....	.....	.....	.....	.....	.....	... 1,287	.....	... 1	... 1	.....	.. X X X .	.. X X X .
9899999 Subtotal - Preferred and Common Stocks .....					... X X X ...	... 1,288	... X X X ...	... 1,287	.....	.....	.....	.....	.....	.....	... 1,287	.....	... 1	... 1	.....	.. X X X .	.. X X X .
9999999 Total - Bonds, Preferred and Common Stocks .....					... X X X ...	... 1,288	... X X X ...	... 1,287	.....	.....	.....	.....	.....	.....	... 1,287	.....	... 1	... 1	.....	.. X X X .	.. X X X .

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE

E10 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E11 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	
Depository			Code	Rate of Interest			First Month	Second Month	Third Month	*
open depositories										
JPMORGAN, CHASE	FLINT, MICHIGAN	09/30/2015 .....					. (18,534,859)	. (12,008,367)	. (11,937,977)	X X X
FIFTH THIRD BANK	MICHIGAN	09/30/2015					245,811	244,578	243,205	X X X
HUNTINGTON BANK	OHIO	09/30/2015					250,000	250,000	250,000	X X X
INDEPENDENT BANK	MICHIGAN	09/30/2015					224,207	224,139	227,568	X X X
										X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories ..			X X X	... X X X ..						X X X
0199999 Totals - Open Depositories			X X X	... X X X ..			. (17,814,841)	. (11,289,650)	. (11,217,204)	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories			X X X	... X X X ..						X X X
0299999 Totals - Suspended Depositories			X X X	... X X X ..						X X X
0399999 Total Cash On Deposit			X X X	... X X X ..			. (17,814,841)	. (11,289,650)	. (11,217,204)	X X X
0499999 Cash in Company's Office			X X X	... X X X ..	... X X X ..	... X X X ..				X X X
0599999 Total Cash			X X X	... X X X ..			. (17,814,841)	. (11,289,650)	. (11,217,204)	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
7799999 Subtotals - Bonds - Total Bonds - Issuer Obligations .....					.....	.....	.....
7899999 Subtotals - Bonds - Total Bonds - Residential Mortgage-Backed Securities .....					.....	.....	.....
7999999 Subtotals - Bonds - Total Bonds - Commercial Mortgage-Backed Securities .....					.....	.....	.....
8099999 Subtotals - Bonds - Total Bonds - Other Loan-Backed and Structured Securities .....					.....	.....	.....
8399999 Subtotals - Bonds - Total Bonds .....					.....	.....	.....
Sweep Accounts							
FIFTH THIRD BANK	DR ..	09/30/2015 ..	0.000	09/30/2015 ..	17,849,013	.....	3,527
HUNTINGTON BANK	DR ..	09/30/2015 ..	0.000	09/30/2015 ..	3,528,246	.....	1,873
8499999 Sweep Accounts					21,377,259	.....	5,400
8599999 Other Cash Equivalents .....					.....	.....	.....
8699999 Total - Cash Equivalents					21,377,259	.....	5,400

**INDEX TO HEALTH
QUARTERLY STATEMENT**

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11

Accounting Practices and Policies; Q5; Q10, Note 1

Admitted Assets; Q2

Bonds; Q2; Q6; Q11.1; Q11.2; QE04; QE05

Bonuses; Q3; Q4; Q8; Q9

Borrowed Funds; Q3; Q6

Business Combinations and Goodwill; Q10, Note 3

Capital Gains (Losses)

 Realized; Q4

 Unrealized; Q4; Q5

Capital Stock; Q3; Q10, Note 13

Capital Notes; Q6; Q10, Note 11

Caps; QE06; QSI04

Cash; Q2; Q6; QE12

Cash Equivalents; Q2; Q6; QE13

Claims; Q3; Q4; Q8; Q9

Collars; QE06; QSI04

Commissions; Q6

Common Stock; Q2; Q3; Q6; Q11.1; Q11.2

Cost Containment Expenses; Q4

Contingencies; Q10, Note 14

Counterparty Exposure; Q10, Note 8; QE06; QE08

Debt; Q10, Note 11

Deferred Compensation; Q10, Note 12

Derivative Instruments; Q10, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08

Discontinued Operations; Q10, Note 4

Electronic Data Processing Equipment; Q2

Encumbrances; Q2; QSI01; QE01

Emergency Room; Q4

Expenses; Q3; Q4; Q6

Extinguishment of Liabilities; Q10, Note 17

Extraordinary Item; Q10, Note 21

Fair Value; Q7, Note 20

Fee for Service; Q4

Foreign Exchange; Q2; Q3; Q5; QSI01; QSI03; QE01; QE02; QE03; QE05

Forwards; QE06; QSI04

Furniture, Equipment and Supplies; Q2

Guaranty Fund; Q2

Health Care Receivables; Q2; Q9; Q10, Note 28

Holding Company; Q16

Hospital/Medical Benefits; Q4

Incentive Pools; Q3; Q4; Q8; Q9

Income; Q4; Q5; Q6

Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9

Incurred Claims and Claim Adjustment Expenses; Q10, Note 25

Intercompany Pooling; Q10, Note 26

Investment Income; Q10, Note 7

 Accrued; Q2

 Earned; Q2; QSI03

 Received; Q6

Investments; Q10, Note 5; Q11.1; Q11.2; QE08

Joint Venture; Q10, Note 6

Leases; Q10, Note 15

Limited Liability Company (LLC); Q10, Note 6

Limited Partnership; Q10, Note 6

Long-Term Invested Assets; Q2; QE03

Managing General Agents; Q10, Note 19

Medicare Part D Coverage; QSupp1

Member Months; Q4; Q7

Mortgage Loans; Q2; Q6; Q11.1; QSI01; QE02

Nonadmitted Assets; Q2; Q5; QSI01; QSI03

Off-Balance Sheet Risk; Q10, Note 16

Options; QE06; QSI04

Organizational Chart; Q11; Q14

Out-of-Area; Q4

Outside Referrals; Q4

Parent, Subsidiaries and Affiliates; Q2; Q3; Q10, Note 10; Q11.1

Participating Policies; Q10, Note 29

Pharmaceutical Rebates; Q10, Note 28

Policyholder Dividends; Q5; Q6

Postemployment Benefits; Q10, Note 12

Postretirement Benefits; Q10, Note 12

Preferred Stock; Q2; Q3; Q6; Q11.1; Q11.2

**INDEX TO HEALTH
QUARTERLY STATEMENT**

Premium Deficiency Reserves; Q10, Note 30

Premiums and Considerations

 Advance; Q3

 Collected; Q6

 Deferred; Q2

 Direct; Q7; Q13

 Earned; Q7

 Retrospective; Q2

 Uncollected; Q2

 Unearned; Q4

 Written; Q4; Q7

Prescription Drugs; Q4

Quasi Reorganizations; Q10, Note 13

Real Estate; Q2; Q6; QE01; QSI01

Redetermination, Contracts Subject to; Q10, Note 24

Reinsurance; Q9; Q10, Note 23

 Ceded; Q3; Q12

 Funds Held; Q2

 Payable; Q3

 Premiums; Q3

 Receivable; Q2; Q4

 Unauthorized; Q3; Q5

Reserves

 Accident and Health; Q3; Q4

 Claim; Q3; Q5; Q8

 Life; Q3

Retirement Plans; Q10, Note 12

Retrospectively Rated Policies; Q10, Note 24

Risk Revenue; Q4

Salvage and Subrogation; Q10, Note 31

Securities Lending; Q2; Q3; QE09; QE11

Servicing of Financial Assets; Q10, Note 17

Short-Term Investments; Q2; Q6; Q11.1; QSI03

Stockholder Dividends; Q5; Q6

Subsequent Events; Q10, Note 22

Surplus; Q3; Q5; Q6

Surplus Notes; Q3; Q5; Q6

Swaps; QE07; QSI04

Synthetic Assets; QSI04; QSI05

Third Party Administrator; Q10, Note 19

Treasury Stock; Q3; Q5

Uninsured Accident and Health; Q2; Q3; Q10, Note 18

Valuation Allowance; QSI01

Wash Sales; Q10, Note 17

Withholds; Q4; Q8